

them into excitement. I have noticed the same to follow the subtraction of a small portion of an accustomed weight. Much depends on duly proportioning the weight to be borne. Too little is useless—too much is needlessly exhausting.

In every case chloroform has been given to the induction of complete anaesthesia, and required to be continued a couple of hours or more.

Admission of air has taken place occasionally, no bad consequences have resulted, except, in one or two instances, trifling suppuration, which delayed for a few days the subsequent treatment.

Although the operation has been performed, first, so as to prevent continuance of deformity in existing, and perhaps still active disease, or to relieve deformity left behind by disease, in no case has the patient's health seemed to suffer. On the contrary, in acute or sub-acute disease, relief has followed generally, and thin, emaciated, ill conditioned children have become plump and healthy looking.

Sometimes it has been thought advisable to give ferruginous medicines, and then the Syr. Ferri Iod. has been the favourite, in other, and by far the greater number of cases, no medicines whatever have been administered, and sometimes, too, the disease has gone on unrelieved to the fourth stage, with all its dire results.

Although, in many cases, the length of the affected limb has been nearly or entirely restored, there yet remained even in the more favourable cases—where tenotomy and forcible extension had been resorted to in long continued morbus coxae in third stage—a certain degree of stiffness. Whether that condition ultimately disappears as patients grow older, I am not in a position to determine, nor can I say whether the affected limb will grow *pari passu* with the other. The case I exhibit to-night would seem to indicate that growth is not interfered with.

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